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Program & policy

THE STRATEGY OF OUR PROGRAM IN PSYCHIATRY

The program for the medical sciences which the Trustees have approved can be stated in one sentence. The purpose is to find, to train, and to encourage first-rate human beings who are able to learn and eager to work at the problems of understanding and correcting nervous disorders and mental behavior. But while our objective is fairly transparent, our plan of procedure may not be equally obvious. Even so it represents a carefully studied long-range survey of a complicated situation, and embodies a strategy in three steps which we believe to be entirely workable and of the highest practical promise.

First we are giving special attention to methods of teaching. Logically it might seem that finding candidates for instruction would precede the development of instructional techniques, but the plain fact is that only by improving the teaching of the subjects can the appropriate human material be discovered and enlisted. At present, teaching is inadequate in almost every direction. On all fronts, as a consequence, the level of psychiatric work is lower than it should be. Practitioners of other branches of medicine are ignorant of medical psychology; psychiatrists in the hospitals are of generally unsatisfactory calibre, the products of one-sided or weak training; the psychological education of nurses, social workers, school teachers, lawyers, ministers, and others outside the medical sciences, is superficial and cries for consideration. Therefore, the improvement of psychiatric teaching in the medical schools was chosen as the necessary first move, and measures looking toward such improvement have already been initiated at Chicago,

Colorado, Harvard, Hopkins, Illinois, Michigan, Pennsylvania, Tulane, and Yale (under the Institute of Human Relations). Aids in the same direction are contemplated for Cambridge University, Guys Hospital and University College in London, McGill in Montreal, and perhaps the University of Edinburgh. Since 1931 these endeavors to improve the teaching of psychiatry have been the dominating interest of the Division of the Medical Sciences, and under present plans they would remain so until about 1940-1944.

The second phase of our program should begin to go into action in 1940, and thereafter it would gradually supersede the general aid represented by our present phase. In this period of the 1940's the plan is to aid in the building up of a few research centers. Really permanent advances in psychiatry cannot be expected until there are persons whose circumstances of work, tastes, talents, and professional training are all pointed toward research in this field, and whose salaries are adequate to sustain them. Until several well-placed institutions are ready for a capital grant, such as that made for the Montreal Neurological Institute or for the center at Queen's Square in London, the aid for research in psychiatry will appear scattered, haphazard, and ephemeral. It may be argued that this appearance is not necessarily damning. After all, the advancement of knowledge may be substantial without being symmetrical. It can be vigorous, even if opportunistic. But for the ultimate success of our attack on the mystery of the human mind and its strange distempers, there must be a few permanent, well-equipped, and adequately manned centers of study. The next five years may well be utilized in selecting the locations for such centers. This second phase of our program will round off and bring to culmination the first phase. It will not only add new knowledge and understanding to our data of the mind,

but it will contribute directly to the pedagogy of psychiatry, to the strengthening of its training methods, the improvement of its teachers, the recruitment of a better quality of professional psychiatrists. Moreover, it will constitute a unique contribution, the first large impetus that research in this field has received in the history of medicine.

Our third and final step should be the extension and application of the results obtained in the two preceding steps. We plan to extend standards of teaching and of research to countries now seriously backward, and we also look forward to the application in America and elsewhere of better psychiatric practices in hospitals, schools, courts, and social work. This work of extension and application would be maintained, so far as circumstances favor, along with the first two developments. Naturally, though, it derives from the success of the training and research programs; therefore we foresee its principal enlargement as coming after 1945. When once teaching and research are decently established in some five or six centers, it should be feasible to tackle on a large scale the clinical application of psychiatry; and this in turn will justify, as it utilizes, the teaching and research centers.

While the three phases are strategically planned as a sequence with the emphasis on grants for training in the first phase, on grants for research in the second, and on grants for extension and application in the third, the program is not so strictly compartmented as this statement might seem to mean. Much of psychiatry is clinical, and there are now and will continue to be opportunities for application in the sense of service rendered to patients. Moreover, our aid for psychiatric training, research, and application implies also the support of work in contributory sciences such as

anatomy, biochemistry, and physiology. Grants in aid will be the main method of providing such support, and will be made as an opportune combination of circumstances offers, i.e., where the scientist, the problem, and the setting or institutional factors are concurrently favorable. This support of contributory projects will run along with and through the other programs. It will be irregular in amounts and of varying tempo, but extremely useful.

In financing this three-step program, it is presumed that the policy of the Foundation would be to make grants for longer periods of time than has been usual heretofore. There are other organizations and foundations which are able and willing to provide support for the ephemeral small-scale projects. Moreover it does not seem wise in most cases to ask for contingent contributions from the communities aided. When our interest was the general institutional development of medical schools, it was reasonable to require local or contingent contributions. But now our interest is the whole science of psychiatry, a subject much neglected and indeed often ignored hitherto, rarely the pet of the faculty, seldom seen as the most recognized need or as the most promising opportunity - and our tactics must be different. It is possible, of course, that we may find some places where it is reasonable to expect a local contribution.

Fundamentally, then, the program in psychiatry is very similar to our program in other fields: it focuses on first-rate men - finding them, training them, and creating conditions to call out their best work.